

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
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Office Use Only
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

US HEALTHWORKS, INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

25124 SPRINGFIELD COURT

Check if different
than previously
reported. (ACC)

SUITE 200

VALENCIA

CA

91355

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00414706

3. IS THIS REPORT NEW (N) OR X AMENDED (A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)

July 15
Quarterly Report (Q2)

October 15
Quarterly Report (Q3)

X January 31
Year-End Report (YE)

July 31 Mid-Year
Report (Non-election
Year Only) (MY)

Termination Report
(TER)

(b) Monthly
Report
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

Election on

in the
State of

(d) 30-Day

POST-Election

Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period 07 01 2011 through 12 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ROBERT HUTCHISON

Signature of Treasurer

Date

08 21 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

US HEALTHWORKS, INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

07 01 2011

To:

12 31 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2011		3290298
(b) Cash on Hand at Beginning of Reporting Period.....	3290298	
(c) Total Receipts (from Line 19)	000	000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3290298	3290298
7. Total Disbursements (from Line 31)	500000	500000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2790298	2790298
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	000	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

US HEALTHWORKS, INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

07 31 2011

To:

12 31 2011

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	,	,
(ii) Unitemized.....	,	,
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	,	,
(b) Political Party Committees.....	,	,
(c) Other Political Committees (such as PACs).....	,	,
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	,	,
12. Transfers From Affiliated/Other Party Committees.....	,	,
13. All Loans Received.....	,	,
14. Loan Repayments Received.....	,	,
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	,	,
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	,	,
17. Other Federal Receipts (Dividends, Interest, etc.).....	,	,
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	,	,
(b) Levin Funds (from Schedule H5).....	,	,
(c) Total Transfers (add 18(a) and 18(b))..	,	,
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	,	,
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	,	,

0.00

0.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	,	,
(ii) Non-Federal Share.....	,	,
(b) Other Federal Operating Expenditures	,	,
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	,	,
22. Transfers to Affiliated/Other Party Committees.....	,	,
(23) Contributions to Federal Candidates/Committees and Other Political Committees.....	,	,
	5.000.00	5.000.00
24. Independent Expenditures (use Schedule E)	,	,
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	,	,
26. Loan Repayments Made.....	,	,
27. Loans Made.....	,	,
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	,	,
(b) Political Party Committees	,	,
(c) Other Political Committees (such as PACs).....	,	,
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	,	,
29. Other Disbursements	,	,
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	,	,
(ii) "Levin" Share.....	,	,
(b) Federal Election Activity Paid Entirely With Federal Funds	,	,
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....	,	,
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	,	,
	5.000.00	5.000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	,	,
	5.000.00	5.000.00

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DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	,	,
34. Total Contribution Refunds (from Line 28(d))	,	,
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	,	,
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	,	,
37. Offsets to Operating Expenditures (from Line 15, page 3)	,	,
38. Net Operating Expenditures (subtract Line 37 from Line 36)	,	,

000

000

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

US HEALTHWORKS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

REFORM CA, FPPC ID # 1319901

08 16 2011

Mailing Address

9300 LAUREL CANYON BLVD, 15TH FLOOR

City State Zip Code

ARLETA CA 91331

Purpose of Disbursement

CONTRIBUTION (NON-FEDERAL CAMPAIGN)

011

Amount of Each Disbursement this Period

Candidate Name

FELIPE FUENTES

Category/
Type

, 5,000.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

Primary General
Other (specify) ▼

State: CA

District: 39

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

Primary General
Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

Primary General
Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

5,000.00

TOTAL This Period (last page this line number only).....▶

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

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☐ USPS Express Mail Postmarked

☐ Postmark Illegible

☐ No Postmark

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Next Business Day Delivery ☒

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked


PREPARER
(3/2005)

8/29/12
DATE PREPARED

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